

EXHIBIT B



POLK COUNTY SOCIAL SERVICES
612 North Broadway, Room 302, Crookston, MN 56716-1452
Phone (218) 281-3127 * Fax (218) 281-3926
Toll Free (877) 281-3127
www.co.polk.mn.us

April 7, 2021

Judy Brown,

Per our conversation with BCBS of MN Blue Plus, as well as the client. AlixaRX has incorrectly billed the client for balance due. The client should only be billed for their co-payment amounts. There is no deductible and the client is not responsible for balance due.

BCBS of MN has advised that they did not receive a claim from AlixaRX or Villa St Vincent for any medications or services rendered in September 2019, specifically 9/3, 9/4 and 9/8.

The client continues to receive bills from AlixaRX for 2 medications given to client while in the facility, that AlixaRX has advised that the claim was denied for.

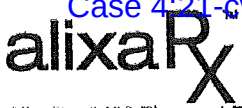
Initially this bill was sent directly to the facility, The Villa St Vincent.

Erika Omdahl
Eligibility Worker
Polk County Social Services

If you have questions on this please call me (218) 470-8455 or 218-280-3657

Erika Omdahl
Polk County Social Services
Health Care Worker
612 N. Broadway RM: 302
Ph: 218.470.8455
F: 218.281.3926

Cc: file



Innovative pharmacy solutions,
enhanced patient care

AlixaRx, 6400 Pinecrest Dr., Suite 200 Plano TX 75024

Electronic Service Requested

☐ Please check box if address below is incorrect or insurance
Information has changed. Indicate change(s) on reverse side.

8684001937 PRESORT PBPS008



BURGOZ, GREG
C/O GREG BURGOZ
220 STATE STREET
CROOKSTON MN 56716-2050

Account Number: 2M2043235
Invoice Number: 000000000
Statement Date: 01/31/2021
Previous Balance: \$1,278.60
Current Charges: \$0.00
Total Due: \$1,278.60

Amount Enclosed:

\$

If paying by credit card, please visit www.alixarx.com/billpay
Please include your account number on your check and use
enclosed envelope to remit payment to:

ALIXARX
PO BOX 645331
PITTSBURGH PA 15264-5331



64533100000000000002M204323590000000000000002021013100000000000012786000000000005

Please detach and return above portion with your payment



Innovative pharmacy solutions,
enhanced patient care

AlixaRx, 6400 Pinecrest Dr., Suite 200 Plano TX 75024

Account Number: 2M2043235
Invoice Number: 000000000
Statement Date: 01/31/2021
Previous Balance: \$1,278.60
Current Charges: \$0.00
Total Due: \$1,278.60

Important Messages

For billing inquiries or questions regarding your account, please contact us at 877-322-4292 or email
us at BillingMNEA@AlixaRx.com. To make a payment by phone call our toll free number 844-461-4921.

Your account is over 90 days past due. No current charges, past due balance.

Drug Name	Date	Rx#	QTY	Copay	Patient Pay Amount
<p>dates of service</p> <p>9/3/19 9/14/19 9/15/19</p> <p>Elegust Prevelar</p> <p>per ALIXARX</p>					

Current	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days
\$0.00	\$0.00	\$0.00	\$0.00	\$1,278.60

For billing inquiries or questions about your account, please contact us at 877-322-4292 or please email us at BillingMNEA@AlixaRx.com.



(<https://www.aapc.com/>)
 Knowledge Center (<https://www.aapc.com/blog/>) » AAPC News
 Events (<https://www.aapc.com/resources/events.aspx>)
 Forum (<https://www.aapc.com/discuss/>)

Knowledge Center (<https://www.aapc.com/blog/>) | Q | (<https://www.aapc.com/>)

Hot Topics

Membership (<https://www.aapc.com/membership/>)

Log In / Join (<https://www.aapc.com/login.aspx>)

Medicaid Billing Guidelines

Education (<https://www.aapc.com/training/>) Certification (<https://www.aapc.com/certification/>)

Networking (<https://www.aapc.com/networking/>)

Resources (<https://www.aapc.com/resources/>) Print Post

by Trina Cuppett, CPC, CPC-H

Books/Software (<https://www.aapc.com/onlinestore/>)

Billing for Medicaid can be tricky, as both federal and state guidelines apply. The Centers for Medicare and Medicaid (CMS) administers Medicaid under the direction of the Department of Health and Human Services (HHS).

The federal guidelines always take precedence over the state guidelines, as the federal guidelines sets the minimum requirements that each state must follow. The individual states may then expand their programs as long as they do not contradict federal guidelines. Expanding a program means that an individual state may opt to add additional coverage, such as: prescription drugs, dental services and prescription eyeglasses, that is not required by the federal guidelines. While providers and facilities may choose whether to participate in the Medicaid program, those who do must comply with all applicable guidelines, including "balance billing." It's also important for providers to understand that Medicaid is considered to be the payer of last resource, meaning that if the patient has other coverages, they should be billed prior to billing Medicaid.

It goes against the Medicaid guidelines to balance bill a Medicaid patient, their family or their power of attorney for any unpaid balance once Medicaid has paid what they allow under the Medicaid fee schedule. This simply means that the provider must adjust off the leftover balance once any applicable charges for a copayment, deductible or coinsurance is met.

NOTE: A balance does not constitute, "coinsurance" due.

42 C.F.R. § 447.15 Acceptance of State payment as payment in full

A state plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual.

Basically, this means that a provider is **not** to bill the difference between the amount paid by the state Medicaid plan and the provider's customary charge to the patient, the patient's family or a power of attorney for the patient. Billing and coding personnel should be familiar with their state guidelines pertaining the proper procedures and requirements for billing Medicaid.

Example: In North Carolina the Basic Medicaid Billing Guide (April, 2010) contains a wealth of information that is not limited to billing information as it also contains items such as: *The List of Standards for Office Wait Times*.

Brown, Judy

From: Simpson, Kelly
Sent: Tuesday, February 16, 2021 10:19 AM
To: Brown, Judy
Subject: FW: BILLING MEDICAID PATIENTS MESSAGE

Can you please write off the 2 deceased patients on the email below.

Thank you,



Kelly Simpson

Collections Supervisor
6400 Pinecrest Drive, Suite 200, Plano, TX 75024
o: 214-778-0353 m: 832-233-5883 e: Kelly.Simpson@alixarx.com

From: Hovey, Matthew <matthew.hovey@alixarx.com>
Sent: Friday, February 12, 2021 6:08 PM
To: Billing <billing@alixarx.com>
Subject: BILLING MEDICAID PATIENTS MESSAGE

Hello,

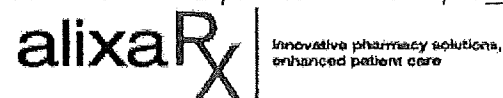
Voicemail are regarding the A/R group code change from Medicaid to Private pay

1. William Wright Account# 2M2035431 Still active Phone (507) 272-0649 701 12/22
2. Bertha Panyan Account#2M2037511 Passed away on 03/02/2020 Phone (715) 235-3777
3. Eleanore Akerlnd Account#2m2027625 Passed away on 07/25/2020 Phone (701) 215-1716

Thank you,

Matthew Hovey, CPhT

Certified Pharmacy Technician
Pharmacy Billing Specialist, Minneapolis Hub
10132 W. 76th St. | Eden Prairie, MN 55344
P: 877-322-4292 | F: 855-235-9836 | E: Matthew.Hovey@alixarx.com



103771

From: Simpson, Kelly
Sent: Tuesday, February 16, 2021 10:20 AM
To: Brown, Judy <judy.brown@alixarx.com>
Subject: FW: BILLING MEDICAID PATIENT- CAROL KENDALL

Can you please call the POA Carol and let her know we will write off the account. Please zero the account out.

Thank you,

Kelly Simpson
Collections Supervisor

6400 Pinecrest Drive, Suite 200, Plano, TX 75024

o: 214-778-0353 m: 832-233-5883

e: Kelly.Simpson@alixarx.com

From: Yudeshwar, Daiane <daiane.yudeshwar@alixarx.com>
Sent: Friday, February 12, 2021 5:41 PM
To: Billing <billing@alixarx.com>
Cc: Simpson, Kelly <kelly.simpson@alixarx.com>
Subject: BILLING MEDICAID PATIENT- CAROL KENDALL

Hello,

I spoke with Carol , patient's daughter (POA) regarding the A/R group code change from Medicaid to Private pay. Patient don't have any money left in her estate. Also mention to her that I will have someone from our corporate office reach out to her regarding the invoice. (507)259-2012

CAROL A. KENDALL ACCOUNT#2M2035458 Death date:10/23/2019 Phone (507) 259-2012

Let us know if you need more info.

Thank you

Daiane Yudeshwar

Pharmacy Billing Specialist, Minneapolis Hub

1-877-322-4292 EXT 1913

Daiane.Yudeshwar@ALIXARX.COM

From: AlixBillingMNEA
Sent: Wednesday, January 27, 2021 1:19 PM
To: Brown, Judy <judy.brown@alixarx.com>
Subject: BILLING MEDICAID PATIENTS MESSAGE

From: Larry and Karol Eckel [mailto:ljkeeckel@yahoo.com]
Sent: Sunday, January 17, 2021 10:40 AM
To: AlixBillingMNEA <billingmnea@alixarx.com>
Subject: Leo Eckel - Billing Inquiry

External Email – Please use caution before opening attachments or clicking links

AlixaRx:

My father just received the first bill he's received in months and it shows a past due balance. Can you help us explain it?

He shows a balance past due of \$675.47 but he is on Medicare and Medicaid and has no money. All his prescriptions should be covered under his Medicaid Medica Plan. As he is on public assistance now, he has no way to pay this bill.

The billing statement and his Medicaid prescription drug statement are attached.

Thank you for looking into this. We look forward to hearing from you soon.

Regards,

For Leo Eckel

AlixaRx Number: 2M-203-5443

Please consider the environment before printing this e-mail.

CONFIDENTIAL NOTICE: This e-mail message and any attachment(s) (collectively, this 'Email') are intended only for the confidential use of the recipient(s) named above. If the reader of this message is not the intended recipient named above or an agent responsible for delivering it to the intended recipient named above, you have received this Email in error. Please notify the sender immediately and permanently delete this Email and any copies thereof.

Thank you,

Matthew Hovey, CPhT

Certified Pharmacy Technician

Pharmacy Billing Specialist, Minneapolis Hub

10132 W. 76th St. | Eden Prairie, MN 55344

P: 877-322-4292 | F: 855-235-9836 | E: Matthew.Hovey@alixarx.com

From: Hovey, Matthew
Sent: Monday, January 18, 2021 4:28 PM
To: Brown, Judy <judy.brown@alixarx.com>
Subject: BILLING MEDICAID PATIENTS MESSAGES

Hello,

We have some messages that were left on our voicemail are regarding the A/R group code change from Medicaid to Private pay.

1. ERNEST GUDVANGEN ACCOUNT#2M2027665 Death date:12/16/2020 Phone (218) 349-4566
2. JUANITA WINGER ACCOUNT#2M2032611 STILL ACTIVE Phone (218) 281-5684
3. EDWARD CURRIE ACCOUNT#2M2044302 Death date:11/12/2019 Phone (218) 281-1491

Let us know if you need more info.

Thank you

Matthew Hovey, CPhT

Certified Pharmacy Technician

Pharmacy Billing Specialist, Minneapolis Hub

10132 W. 76th St. | Eden Prairie, MN 55344

P: 877-322-4292 | F: 855-235-9836 | E: Matthew.Hovey@alixarx.com



DHS-3641-ENG

8-18

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Advance Member Notice of Noncovered Prescription

MHCP does not pay for everything, even some prescriptions that you or your health care provider has good reason to think you need. MHCP does not pay for the **noncovered prescription** listed below. Your health care provider is allowed to charge you, and you will have to pay if you choose to get the prescription. Also, you are not allowed to pay for a **controlled substance**, or **gabapentin**, unless you get written approval from your prescriber on this form. Before signing this form:

- Read the whole notice, including the instructions, so you can make an informed choice about your care
- Ask your health care provider or pharmacist any questions you have after you finish reading

Provider(s): Print all pages of this notice. Keep one copy in the member's file, and give one copy to the member.

Member Information

LAST NAME	FIRST NAME	MI	MHCP MEMBER ID #	DATE OF BIRTH
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Pharmacy and Prescription Information

PHARMACY FAX NUMBER	PHARMACY NAME	DATE OF SERVICE
NONCOVERED PRESCRIPTION: NAME, STRENGTH, AND QUANTITY		
REASON(S) MHCP DOES NOT COVER PRESCRIPTION		
COST OF NONCOVERED PRESCRIPTION	NAME(S) OF ALTERNATIVE COVERED PRESCRIPTION(S)	

Member Signature

Read the statement below. If you understand and agree, check the box, and sign and date the form.

<input type="checkbox"/> I have reviewed the member instructions on the second page, and I want the noncovered prescription listed above. I understand that MHCP does not cover the prescription and I will have to pay for it. A different prescription may be covered by MHCP, but I do not want that prescription.	
SIGNATURE OF MEMBER, LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE, OR RESPONSIBLE PARTY	DATE
NAME OF LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE, OR RESPONSIBLE PARTY (please print)	

Prescriber Signature

Read the statement below. If you understand and agree, check the box, and sign and date the form.

<input type="checkbox"/> I have personally reviewed the prescriber instructions on the second page, and I certify that all criteria are met. The pharmacist should be allowed to sell the noncovered controlled substance or gabapentin that I prescribed to the member. However, I understand the pharmacist is not required to sell the prescription to the member. I understand that MHCP does not cover the prescription and the member will have to pay for it.		
PRESCRIBER SIGNATURE (no delegate signatures accepted)	DATE	
PRESCRIBER NAME (please print)	PRESCRIBER NPI	DENIED PA NUMBER

Advance Member Notice of Noncovered Prescription Instructions

Pharmacist

Use NDC Search to find out whether a prescription is covered or requires authorization.

If —	Then —
If a prescription is a covered drug but requires authorization	Then request authorization through the MHCP Prescription Drug PA Agent. If the authorization is denied, you may bill the member. To do that, read the information below this table and complete the form.
If a prescription does not require authorization	Then bill MHCP. If MHCP denies payment for a reason other than a billing error, you may bill the member. To do that, read the information below this table and complete the form.
If a prescription is for a drug that is never a covered drug	Then you may bill the member. To do that, read the information below this table and complete the form.

Accept payment from a member for a noncovered prescription only when all the following apply:

- The member is **not enrolled** in the restricted recipient program.
- You reviewed with the member the reason(s) the prescription is not covered and available covered alternatives.
- You obtained the member's signature on this form.
- If the member wants to pay for a noncovered prescription for a controlled substance or gabapentin, the prescriber has signed the form certifying that you should be allowed to charge the member for the prescription.

If a member has other insurance but the other insurance requires authorization for the prescription, you must request authorization and seek payment from the other insurance.

If the prescriber has not signed this form, do not accept payment from the member, or from someone paying on behalf of the member, for any controlled substance or gabapentin.

Member

You are asking for a drug or item that MHCP does not cover or you do not meet the criteria for. The pharmacist tried getting approval or payment for the drug or item. The pharmacist has to tell you why MHCP does not cover the drug or item. The pharmacist also has to tell you about other drugs or items that MHCP covers. If you still want the noncovered drug or item, sign the form. You are responsible for paying the pharmacy for the drug or item.

If the noncovered prescription is for a controlled substance, or gabapentin, your prescriber must certify that the pharmacy should be allowed to charge you for the prescription.

If you have questions about this form, or if the provider should have asked you to sign this form but did not, call the MHCP Member Help Desk at 651-431-2670 or 800-657-3739.

If you believe your prescription should have been covered by MHCP and you were billed by the provider in error, you have the right to appeal.

Prescriber

You are asking that the pharmacy be allowed to charge a member for a controlled substance, or gabapentin, that you prescribed. You are also certifying all the following:

- You are an enrolled MHCP provider and you have prescribed the noncovered prescription.
- You have attempted to request prior authorization for the prescription to be covered if a prior authorization is required or you have attempted to request prior authorization if the dose you prescribed exceeds what MHCP will cover.
- The covered alternatives are **not options for the member**.
- You are aware of the member's treatment regimen, including the last time this prescription was filled.
- The pharmacy should be allowed to charge the member for the noncovered prescription on this date of service because it is medically necessary.

If you certify that all the criteria above are met and you are asking that the pharmacy be allowed to charge a member for a controlled substance, or gabapentin, that you prescribed, then note your approval on the front of this form, sign and date the form, and send a signed copy to the pharmacy for its records. You must also save a copy of the form, or document the approval, in the member's medical record.